U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAR	REFULLY BEFORE PREPARING THIS REPORT.
E (AUG152005)	
QMS DEP	
1. File Number U - 8325	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DANNY L JENKINS	Name LABORERS' UNION OF NORTH AMERICA LOCAL 42
	Labor Organization File Number 022-166
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4 TANYA LANE	Street 3710 ENRIGHT AVE
City WASHINGTON	City ST. LOUIS
State Missouri ZIP Code + 4 63090	State Missouri ZIP Code + 4 63108
5. Position in labor organization. VICE PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	Andreasoned
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
	Signature
	Cignatule
	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
submitted in this report (including the information contained in any accorundersigned's knowledge and belief, true, correct, and complete. (See t	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)
submitted in this report (including the information contained in any accor	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)

Name of Person Filing DANNY JENKINS	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name ST. LOUIS CONST LABORERS' WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2357 59TH STREET City ST. LOUIS State Missouri ZIP Code + 4 63110	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
	PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
process and a second se						
Street	11.b. Approximate dollar value of such dealing. UNKNOWN					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4	11/30/04 - 12/05/04 EDUCATIONAL MEETING HOTEL \$847.00 AIRFARE \$323.00 REGISTRATION FEE \$1200.00 DAILY EXENSES \$562.00					
	12.b. Amount. \$2,932					
	12.5. Allouit. 427.552					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13 h Is the Business an Employer or Consultant 2	14.b. Amount of payment.					

Name of Person Filing DANNY	JENKINS		·	File Number U-	
	A.		1		

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includi	ng trade name	, if any).	9. Business deals with:	
Name COMMERCE BANK		a. Labor Organization		
Trade Name, if any:	mbhliainn na h-mainte indeann a guaig ag mag ag ach d mag inn an daoine		a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust		
Street 8000 FORSYTH		c. Employer		
City ST. LOUIS				
State Missouri	ZIP Code + 4	63105		
10. If 9.b. or 9.c. is checked give trust or emp	loyer's name.		11.a. Nature of such dealing.	eile validate kalisade menekat kalisaten tahun menekat kalisat kalisat kalisat kalisat kalisat kalisat kalisat
Name ST. LOUIS CONST. LABOERS' WELFARE FUND		MONEY MANAGER	annoning in the second of the	
Trade Name, if any:				mangoo injunes vienes v
P.O. Box, Bldg., Room No., if any	gape, and early a sign of the specimen and a sum and a part of the specimen and a sum and a part of the specimen and a specime			
Street 2357 59TH STREET				
City ST. LOUIS	gg grif og gant og gant grif grif grif grif grif grif grif grif		Leg company (company regions) where it is an an any symptomic contract of the	
State Missouri	ZIP Code + 4	63110	11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	
			12/01/04 ANNUAL CLIENT DINNER \$93.00	an ender
				Portizione
			12.b. Amount.	\$93

Name of Person Filing DANNY JENKINS	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).		9. Business deals with:		
Name LABORERS-AGC TRAINING CENTER AFL-CIO		a. Labor Organization		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		mp to the first more and a single contract of the single contract of	b. Trust	
Street 35 OPPORTUNITY		c. Employer		
City HIGH HILL				
State Missouri	ZIP Code + 4	63350		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.		11.a. Nature of such dealing.	
Name		PROVIDES TRAINING FOR JOURNEYMEN A	AND APPRENTICES	
Trade Name, if any:				onleteurventon
P.O. Box, Bldg., Room No., if any				одоли потогология
Street	med yn inniand y llende de leigh gleigh gyng llengan ar de leigh gyng beng lleng llende y llende leigh leigh g Ar gyng de leigh de leigh grann ach llengan gyng llend yn ac geneg gen geneg ac yn gann gyn de llengan de leigh			
City				a-etypy)-(Alex-Parameter)
State State	ZIP Code + 4		11.b. Approximate dollar value of such dealing.	UNKNOWN
			12.a. Nature of interest held or income received.	######################################
			03/18/04 APPRENTICESHIP GRADUATION	I DINNER \$34.00
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			To a second seco	Throno depresentation of the second of the s
			12.b. Amount.	\$34.00